

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2009
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL & MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 28737 This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 12/8/09 in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Five complaints were investigated:</p> <p>Complaint #NV00023117 was unsubstantiated. Complaint #NV00023126 was substantiated with a deficiency (see Tag #297). Complaint #NV00023305 was unsubstantiated. Complaint #NV00023590 was unsubstantiated. Complaint #NV00023604 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiency was identified:</p>	S 000		
S 297 SS=E	<p>NAC 449.361 Nursing Service</p> <p>8. The chief administrative nurse shall define the</p>	S 297		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 297	<p>Continued From page 1</p> <p>policies, procedures and standards relating to the provision of nursing services and shall ensure that the members of the nursing staff carry out those policies, procedures and standards. The policies, procedures and standards must be documented and accessible to each member of the nursing staff in written or electronic form. The chief administrative nurse must approve each element of the policies, procedures and standards before the element may be used or put into effect.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26251</p> <p>Based on record review and interview, the facility failed to follow its policy regarding negative pressure ventilation isolation for 1 of 3 Tuberculosis patients meeting its policy's (IC 1.10) summary guidelines (Patient #1).</p>	S 297			

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